



**Prince William
Health District**

TB/SCREENING REGISTRATION FORM

Social Security # (optional) _____

Name: _____ Date of Birth ____/____/____ Age ____
Last First MI

Address: _____ Home Phone: _____
Street Apt. # Cell Phone: _____
City Zip Code Work Phone: _____

Email Address _____ Is it ok to contact you by email? ____ Yes ____ No

Sex: M / F Marital Status _____ Race _____ Country of Birth? _____ Date of US Arrival (if applicable) _____

Does patient have health insurance? Yes ____ No ____ If yes, name of insurance _____

If patient is a minor: Mother's Name _____ Date of Birth ____/____/____

Father's Name _____ Date of Birth ____/____/____

Name of Person Responsible for Charges _____

Date of Birth ____/____/____ Social Security # (optional) _____

If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Please check only one)

- ☐ I am registered to vote at my current address.
☐ I am not eligible to register to vote and do not need an application to register to vote.
☐ Yes, I would like to apply to register to vote. (Please fill out the voter registration application form)
☐ No, I do not want to register to vote.

Questionnaire for Tuberculin Skin Testing

Why are you getting this test? _____

Date of last TB skin test _____ Where was test done? _____

1. Have you ever had a positive tuberculin skin test that became red and/or swollen and required having a chest x-ray? Yes ____ No ____
2. Have you ever taken any tuberculosis medications? Yes ____ No ____
3. Have you ever had BCG vaccine (a vaccine given in some European, African, Asian, Central and South American countries to protect against tuberculosis infection)? Yes ____ No ____
4. Are you having this skin test because you have been in contact with someone who has Tuberculosis? Yes ____ No ____
5. Have you had any immunizations (shots) in the past month? Yes ____ No ____
6. Have you had a severe viral infection other than a cold within the past month? Yes ____ No ____
7. Are you currently taking any steroid drugs such as cortisone? Yes ____ No ____
8. Are you sick today? Yes ____ No ____
9. During the past 5 years, have you lived out of the United States? Yes ____ No ____
10. Do you want to be screened for HIV? (**HIV Test is Free**) Yes ____ No ____
I decline HIV testing _____

Signature

Date

11. If the answer to question 10 is yes, please complete the HIV risk assessment questions on the back of this form.

Please list current medications: _____

Printed Name (parent/guardian) _____ Signature (parent/guardian) _____ Date _____

If you are required to have a TB skin test, you must return for the reading. You will be given a specific date and time to return.

A Community of Healthy People and a Healthy Environment

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Questionnaire for HIV Testing:

Please answer the following questions if you are having an HIV test performed today.

- Have you ever had a rapid HIV test performed? Yes No
- If a rapid test was performed, what was the result? _____
- If a rapid test was performed, what was the date? _____
- Since 1978, have you ever had:
 - ☐ Sex with a male
 - ☐ Sex with a female
 - ☐ Used intravenous drugs (IDU)
 - ☐ Sex while using Non-Injecting Drugs
 - ☐ Exchanged Sex for Drugs or Money
 - ☐ A Sexually transmitted disease diagnosis
- Have you ever had sexual relations with?
 - ☐ IDU (intravenous drug user)
 - ☐ Man who had sex with a man
 - ☐ Person with HIV/AIDS
 - ☐ Multiple hetero sexual partners
 - ☐ Unknown
- What is your country of birth? _____
- Have you ever been tested for HIV? Yes No
- If tested, what was the result? _____

You will be given a slip/card with instructions on how to obtain your HIV results.

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